

**United States Bankruptcy Court
District of New Jersey, Camden Vicinage Division**

IN RE:

Case No. _____

Cocco, Thomas J. & Cocco, ChrisoulaChapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **1,500.00**

Prior to the filing of this statement I have received \$ **1,500.00**

Balance Due \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - [Other provisions as needed]

The fee agreement signed between debtor and law firm will control fees. Debtor's counsel reserves the right to file supplemental fee applications or fee applications on notice to all interested parties.

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
- 1. Defense or prosecution of any adversarial complaint including non-dischargeable**
 - 2. Defense or prosecution of relief for stay motion**
 - 3. Challenge or avoidance of any proof of claim**
 - 4. Additional 341 (a) appearance or confirmation hearing**
 - 5. Motion to sell or refinance real estate**
 - 6. Application to employ professional**
 - 7. Conversion from or to chapter 7 or 13 or conversion from or to chapter 13 to 7**
 - 8. Notice of settlement of controversy**
 - 9. Amendments to add additional creditors**
 - 10. Costs relating to credit reports, judgement searches, couriers, experts, travel and or extraordinary Pacer or duplication costs/charges etc.**
 - 11. Response to audit or United States trustee objection to case**
 - 12. Preparation and or appearance at 2004 deposition**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 14, 2014

Date

/s/ Lee M. Perlman, Esquire

Lee M. Perlman, Esquire LP3425
 Lee M. Perlman, Esq.
 1926 Greentree Road Ste 100
 Cherry Hill, NJ 08003

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$46 administrative fee: Total fee \$1213)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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United States Bankruptcy Court
District of New Jersey, Camden Vicinage Division

IN RE:

Case No. _____

Cocco, Thomas J. & Cocco, Chrisoula

Chapter **7**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy
petition preparer is not an individual, state
the Social Security number of the officer,
principal, responsible person, or partner of
the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or
partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Cocco, Thomas J. & Cocco, Chrisoula

Printed Name(s) of Debtor(s)

X /s/ Thomas J. Cocco

Signature of Debtor

3/14/2014

Date

Case No. (if known) _____

X /s/ Chrisoula Cocco

Signature of Joint Debtor (if any)

3/14/2014

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises
☒ The presumption does not arise
☐ The presumption is temporarily inapplicable.

In re: Cocco, Thomas J. & Cocco, Chrisoula
Debtor(s)

Case Number: _____
(If known)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A

Disabled Veterans. If you are a disabled veteran described in the Veteran's Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of Disabled Veteran.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

1B

Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of non-consumer debts.** By checking this box, I declare that my debts are not primarily consumer debts.

1C

Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. **During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.**

☐ **Declaration of Reservists and National Guard Members.** By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard

- a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and
☐ I remain on active duty /or/
☐ I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;

OR

- b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/
☐ I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.

B22A (Official Form 22A) (Chapter 7) (04/13)

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A (“Debtor’s Income”) for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: “My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code.” Complete only Column A (“Debtor’s Income”) for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A (“Debtor’s Income”) and Column B (“Spouse’s Income”) for Lines 3-11.</p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A (“Debtor’s Income”) and Column B (“Spouse’s Income”) for Lines 3-11.</p>												
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>		<p>Column A Debtor’s Income</p>	<p>Column B Spouse’s Income</p>									
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 2,179.00	\$ 3,799.91									
4	<p>Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 45%;">Gross receipts</td><td style="width: 50%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Ordinary and necessary business expenses</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Business income</td><td>Subtract Line b from Line a</td></tr> </table>		a.	Gross receipts	\$	b.	Ordinary and necessary business expenses	\$	c.	Business income	Subtract Line b from Line a	\$	\$
a.	Gross receipts	\$											
b.	Ordinary and necessary business expenses	\$											
c.	Business income	Subtract Line b from Line a											
5	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 45%;">Gross receipts</td><td style="width: 50%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Ordinary and necessary operating expenses</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Rent and other real property income</td><td>Subtract Line b from Line a</td></tr> </table>		a.	Gross receipts	\$	b.	Ordinary and necessary operating expenses	\$	c.	Rent and other real property income	Subtract Line b from Line a	\$	\$
a.	Gross receipts	\$											
b.	Ordinary and necessary operating expenses	\$											
c.	Rent and other real property income	Subtract Line b from Line a											
6	Interest, dividends, and royalties.		\$	\$									
7	Pension and retirement income.		\$	\$									
8	<p>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor’s dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.</p>		\$	\$									
9	<p>Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%;">Debtor \$ _____</td> <td style="width: 35%;">Spouse \$ _____</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____											

B22A (Official Form 22A) (Chapter 7) (04/13)

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> </table>	a.		\$	b.		\$		
a.		\$							
b.		\$							
	Total and enter on Line 10	\$	\$						
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 2,179.00	\$ 3,799.91						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 5,978.91							
Part III. APPLICATION OF § 707(B)(7) EXCLUSION									
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 71,746.92							
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>New Jersey</u> b. Enter debtor's household size: <u>4</u>	\$ 103,946.00							
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.								

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)												
16	Enter the amount from Line 12.	\$										
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.											
	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$		
a.		\$										
b.		\$										
c.		\$										
	Total and enter on Line 17.	\$										
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$										
Part V. CALCULATION OF DEDUCTIONS FROM INCOME												
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)												
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.		\$									

B22A (Official Form 22A) (Chapter 7) (04/13)

19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Persons under 65 years of age</th><th colspan="3" style="text-align: left; padding: 2px;">Persons 65 years of age or older</th></tr> <tr> <td style="width: 5%; text-align: center; padding: 2px;">a1.</td><td style="width: 75%; padding: 2px;">Allowance per person</td><td style="width: 20%;"></td><td style="width: 5%; text-align: center; padding: 2px;">a2.</td><td style="width: 75%; padding: 2px;">Allowance per person</td><td style="width: 20%;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">b1.</td><td style="padding: 2px;">Number of persons</td><td></td><td style="text-align: center; padding: 2px;">b2.</td><td style="padding: 2px;">Number of persons</td><td></td></tr> <tr> <td style="text-align: center; padding: 2px;">c1.</td><td style="padding: 2px;">Subtotal</td><td></td><td style="text-align: center; padding: 2px;">c2.</td><td style="padding: 2px;">Subtotal</td><td></td></tr> </table>	Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal		\$
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>	\$																								
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court)(the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center; padding: 2px;">a.</td><td style="width: 65%; padding: 2px;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%; padding: 2px;">\$</td></tr> <tr> <td style="text-align: center; padding: 2px;">b.</td><td style="padding: 2px;">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td style="padding: 2px;">\$</td></tr> <tr> <td style="text-align: center; padding: 2px;">c.</td><td style="padding: 2px;">Net mortgage/rental expense</td><td style="padding: 2px;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																								
c.	Net mortgage/rental expense	Subtract Line b from Line a																								
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> 	\$																								
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$																								

B22A (Official Form 22A) (Chapter 7) (04/13)

22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									
26	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$									
27	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$									
28	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.</p>	\$									
29	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$									
30	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$									
31	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.</p>	\$									

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32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$									
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$									
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32											
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	\$									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 75%;">Health Insurance</td> <td style="width: 20%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td style="text-align: center;">\$</td> </tr> </table>		a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____											
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$									
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$									
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$									

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Subpart C: Deductions for Debt Payment

42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.			\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
	a.		\$	<input type="checkbox"/> yes <input type="checkbox"/> no
	b.		\$	<input type="checkbox"/> yes <input type="checkbox"/> no
	c.		\$	<input type="checkbox"/> yes <input type="checkbox"/> no
	Total: Add lines a, b and c.			
				\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			\$
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	a.		\$	
	b.		\$	
	c.		\$	
	Total: Add lines a, b and c.			
				\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.			\$
45	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			\$
	a.	Projected average monthly chapter 13 plan payment.	\$	
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X	
	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	
				\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$
Subpart D: Total Deductions from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.			\$

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Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$
52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$7,475*. Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$12,475*. Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

Part VII. ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	Total: Add Lines a, b and c	\$

Part VIII. VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i> Date: <u>March 14, 2014</u> Signature: <u>/s/ Thomas J. Cocco</u> _____ <div style="text-align: right; font-size: small;">(Debtor)</div> Date: <u>March 14, 2014</u> Signature: <u>/s/ Chrisoula Cocco</u> _____ <div style="text-align: right; font-size: small;">(Joint Debtor, if any)</div>	
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* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

United States Bankruptcy Court District of New Jersey, Camden Vicinage Division							Voluntary Petition												
Name of Debtor (if individual, enter Last, First, Middle): Cocco, Thomas J.				Name of Joint Debtor (Spouse) (Last, First, Middle): Cocco, Chrisoula															
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): Chrisoula Papadatos															
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 1780				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 3775															
Street Address of Debtor (No. & Street, City, State & Zip Code): 1105 Corbridge Court Voorhees, NJ				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 1105 Corbridge Court Voorhees, NJ															
ZIPCODE 08043				ZIPCODE 08043															
County of Residence or of the Principal Place of Business: Camden				County of Residence or of the Principal Place of Business: Camden															
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):															
ZIPCODE				ZIPCODE															
Location of Principal Assets of Business Debtor (if different from street address above):																			
ZIPCODE																			
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtor Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:			Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.													
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									THIS SPACE IS FOR COURT USE ONLY										
Estimated Number of Creditors <table style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> 1-49</td><td style="text-align: center;"><input checked="" type="checkbox"/> 50-99</td><td style="text-align: center;"><input type="checkbox"/> 100-199</td><td style="text-align: center;"><input type="checkbox"/> 200-999</td><td style="text-align: center;"><input type="checkbox"/> 1,000-5,000</td><td style="text-align: center;"><input type="checkbox"/> 5,001-10,000</td><td style="text-align: center;"><input type="checkbox"/> 10,001-25,000</td><td style="text-align: center;"><input type="checkbox"/> 25,001-50,000</td><td style="text-align: center;"><input type="checkbox"/> 50,001-100,000</td><td style="text-align: center;"><input type="checkbox"/> Over 100,000</td></tr></table>										<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000		<input type="checkbox"/> Over 100,000									
Estimated Assets <table style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input checked="" type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100 million to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table>										<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion										
Estimated Liabilities <table style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100 million to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table>									<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion										

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Cocco, Thomas J. & Cocco, Chrisoula	
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). X /s/ Lee M. Perlman, Esquire Signature of Attorney for Debtor(s) 3/14/14 Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Cocco, Thomas J. & Cocco, Chrisoula	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Thomas J. Cocco</u> Signature of Debtor Thomas J. Cocco X <u>/s/ Chrisoula Cocco</u> Signature of Joint Debtor Chrisoula Cocco _____ Telephone Number (If not represented by attorney) March 14, 2014 Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date	
Signature of Attorney* X <u>/s/ Lee M. Perlman, Esquire</u> Signature of Attorney for Debtor(s) Lee M. Perlman, Esquire LP3425 Lee M. Perlman, Esq. 1926 Greentree Road Ste 100 Cherry Hill, NJ 08003 March 14, 2014 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address _____ X _____ Signature _____ Date Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

Document Page 16 of 74
United States Bankruptcy Court
District of New Jersey, Camden Vicinage Division

IN RE:

Case No. _____

Cocco, Thomas J.

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Thomas J. Cocco

Date: March 14, 2014

Document Page 17 of 74
United States Bankruptcy Court
District of New Jersey, Camden Vicinage Division

IN RE:

Cocco, Chrisoula

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Chrisoula Cocco

Date: March 14, 2014

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United States Bankruptcy Court
District of New Jersey, Camden Vicinage Division

IN RE:

Case No. _____

Cocco, Thomas J. & Cocco, Chrisoula

Chapter **7**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 9,750.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	19		\$ 519,425.67	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 5,425.31
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 5,500.00
TOTAL		31	\$ 9,750.00	\$ 519,425.67	

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 United States Bankruptcy Court
 District of New Jersey, Camden Vicinage Division

IN RE:

Case No. _____

Cocco, Thomas J. & Cocco, Chrisoula

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 5,425.31
Average Expenses (from Schedule J, Line 22)	\$ 5,500.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,978.91

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 519,425.67
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 519,425.67

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash	J	100.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		PNC Bank	J	100.00
		Santander (in sister's name)	J	1,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Sofa, 3 bedroom sets, dining room set, 2 tvs, 2 computers	J	2,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	J	1,000.00
7. Furs and jewelry.		Jewelry	J	3,500.00
8. Firearms and sports, photographic, and other hobby equipment.		Digital camera	J	50.00
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life insurance	J	0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

B6B (Official Form 950) (12/07) - Cont. IN RE Cocco, Thomas J. & Cocco, Chrisoula Debtor(s) Case No. (If known)

**SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Estimated 2013 income tax refund	J	2,000.00
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				9,750.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. *

(Check one box)

☒ 11 U.S.C. § 522(b)(2)
 ☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Cash	11 USC § 522(d)(5)	100.00	100.00
PNC Bank	11 USC § 522(d)(5)	100.00	100.00
Santander (in sister's name)	11 USC § 522(d)(5)	1,000.00	1,000.00
Sofa, 3 bedroom sets, dining room set, 2 tvs, 2 computers	11 USC § 522(d)(3)	2,000.00	2,000.00
Clothing	11 USC § 522(d)(3)	1,000.00	1,000.00
Jewelry	11 USC § 522(d)(4)	3,100.00	3,500.00
	11 USC § 522(d)(5)	400.00	
Digital camera	11 USC § 522(d)(3)	50.00	50.00
Term life insurance	11 USC § 522(d)(7)	100%	0.00
Estimated 2013 income tax refund	11 USC § 522(d)(5)	2,000.00	2,000.00

* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE **Cocco, Thomas J. & Cocco, Chrisoula** Debtor(s) Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 001895197 AAM, Inc. 330 Georgetown Square, Ste 104 Wood Dale, IL 60191	J	2012; Collection account for Cash Cure				678.00
ACCOUNT NO. 06017694162 Allstate New Jersey Insurance Company PO Box 4310 Carol Stream, IL 60197-4310	J	2012; Collection account				395.12
ACCOUNT NO. Credit Collection Services 2 Wells Ave Dept 9135 Newton Center, MA 02459-3208		Assignee or other notification for: Allstate New Jersey Insurance Company				
ACCOUNT NO. 611913720662 Ally Asset Recovery Center PO Box 78369 Phoenix, AZ 85062	J	2012; Collection account				8,177.56
Subtotal (Total of this page)						\$ 9,250.68
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

18 continuation sheets attached

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Tate & Kirlin Associates 2810 Southampton Rd Philadelphia, PA 19154		Assignee or other notification for: Ally Asset Recovery Center				
ACCOUNT NO. 56784769/51279939 AMCOL Systems Inc. PO Box 21625 Columbia, SC 29221	J	2012; Collection account				245.00
ACCOUNT NO. 3499911490032383 American Express PO BOX 3001 PO Box 981535 El Paso, TX 79998-1535	W	2012; Credit card purchases				28,902.00
ACCOUNT NO. 3499908597063783 American Express PO BOX 3001 PO Box 981535 El Paso, TX 79998-1535	W	2012; Credit card purchases				1,113.00
ACCOUNT NO. DC00933410 Arrow Financial Services 5996 W Touhy Ave Niles, IL 60714-4610	J	2012; Collection account				2,295.00
ACCOUNT NO. 464061524714 AT&T Mobility PO Box 537113 Atlanta, GA 30353-7113	J	2012; Collection account				1,375.31
ACCOUNT NO. 315762299875 Atlantic City Electric PO Box 4875 Trenton, NJ 08650-4875	J	2012; Collection account				383.04

Sheet no. 1 of 18 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **34,313.35**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form of) (12/07) - Cont. IN RE Cocco, Thomas J. & Cocco, Chrisoula Debtor(s) Case No. (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1219662 AWA Collections PO Box 6605 Orange, CA 92863		2012; Collection account				560.32
ACCOUNT NO. 68821039519799 Bank Of America Nc 4 105 03 # 14 Greensboro, NC 27420	J	2012; Credit card purchases				13,395.00
ACCOUNT NO. Boardwalk Regency Corp Attn: Phillip S. Van Embden, PC PO Box 863 Millville, NJ 08332	J	2012; Collection account				4,990.53
ACCOUNT NO. 5155-9700-7327-3605 Cap One Po Box 5253 Carol Stream, IL 60197	H	2012; Credit card purchases				470.00
ACCOUNT NO. AllianceOne Receivables Management, Inc. PO Box 3102 Southeastern, PA 19398-3102		Assignee or other notification for: Cap One				
ACCOUNT NO. 5178-0592-9793-6156 Cap One ATTN: BANKRUPTCY DEPT. Po Box 30285 Salt Lake City, UT 84130	H	2012; Credit card purchases				468.00
ACCOUNT NO. ARS National Services, Inc. PO Box 463023 Escondido, CA 92046		Assignee or other notification for: Cap One				

Sheet no. **2** of **18** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **19,883.85**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula Debtor(s) Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 25088448 Cash Jar PO Box 1639 Belize City, Belize, C.A.,	J	2012; Collection account				1,205.00
ACCOUNT NO. Del Ray Capital 8070 Beechmont Ave Cincinnati, OH 45255		Assignee or other notification for: Cash Jar				
ACCOUNT NO. DC01680608; VJ01679008 Chase PO Box 15298 Wilmington, DE 19850-5298	J	2012; Credit card purchases				5,241.00
ACCOUNT NO. JPMorgan Chase Bank NA 900 US Hwy 9 North Woodbridge, NJ 07095		Assignee or other notification for: Chase				
ACCOUNT NO. 00524390143277 Chase Auto Finance PO Box 78050 Phoenix, AZ 85062	J	2012; Collection account				13,052.87
ACCOUNT NO. United Recovery Systems PO Box 722929 Houston, TX 77272-2929		Assignee or other notification for: Chase Auto Finance				
ACCOUNT NO. 016378430 Chase Manhattan Mortgage 3415 Vision Dr Columbus, OH 43219-6009	J	2012; Collection account				87,924.24

Sheet no. 3 of 18 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **107,423.11**

(Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Vital Recovery Services, Inc. PO Box 923748 Norcross, GA 30010		Assignee or other notification for: Chase Manhattan Mortgage				
ACCOUNT NO. 12836987 Children's Hospital Of Philadelphia Physician Services PO Box 8500-8017 Philadelphia, PA 19178	J	2012; Medical bills				245.00
ACCOUNT NO. 1011329170 Chrysler Financial PO Box 9223 Farmington Hills, MI 48333-9223	J	2012; Collection account				9,850.37
ACCOUNT NO. Budzik & Dynia, LLC 4849 N Milwaukee Ave, Ste 801 Chicago, IL 60630		Assignee or other notification for: Chrysler Financial				
ACCOUNT NO. 8539607897 Citibank Attn: Corporate Bankruptcy Department 7920 NW 110th St Kansas City, MO 64153-1270	W	2012; Credit card purchases				8,262.00
ACCOUNT NO. Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123		Assignee or other notification for: Citibank				
ACCOUNT NO. Pressler And Pressler, LLP 7 Entin Rd Parsippany, NJ 07054-5020		Assignee or other notification for: Citibank				

Sheet no. 4 of 18 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **18,357.37**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6035320257979045 Citibank USA (Home Depot) Attn: Bankruptcy Dept PO Box 20487 Kansas City, MO 64195-0487	J	2012; Credit card purchases				9,793.05
ACCOUNT NO. LTD Financial Services 7322 Southwest Fwy Ste 1600 Houston, TX 77074-2053		Assignee or other notification for: Citibank USA (Home Depot)				
ACCOUNT NO. 6220565987 Citizens Bank 1 Citizens Plz Providence, RI 02903-1344	J	2012; Collection account				1,236.23
ACCOUNT NO. Convergent Outsourcing PO Box 9004 Renton, WA 98057-9004		Assignee or other notification for: Citizens Bank				
ACCOUNT NO. 46153710 Comcast Bankruptcy Department Attn: Jackie Gaynor 401 White Horse Rd Ste 2 Voorhees, NJ 08043-2604	J	2012; Collection account				239.75
ACCOUNT NO. Er Solutions 800 SW 39th St Renton, WA 98057-4975		Assignee or other notification for: Comcast Bankruptcy Department				
ACCOUNT NO. 724476 Coml Accept 2 W Main St Shiremanstown, PA 17011	W	2012; Collection account for Fulton Bank Of New Jersey				699.00

Sheet no. **5** of **18** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **11,968.03**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula Debtor(s) Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 724477 Coml Accept 2 W Main St Shiremanstown, PA 17011	W	2012; Collection account for Fulton Bank Of New Jersey				189.00
ACCOUNT NO. 13110105 Credit One Bank PO Box 98875 Las Vegas, NV 89193-8875	J	2012; Credit card purchases				665.30
ACCOUNT NO. MSW Capital, LLC Attn: Messerli & Kramer 3033 Campus Dr, Ste 250 Plymouth, MN 55441		Assignee or other notification for: Credit One Bank				
ACCOUNT NO. Daniel And Carol Dwier 26 Timberline Dr Voorhees, NJ 08043	J	2011; Collection account				30,000.00
ACCOUNT NO. Danny Papadatos 52 Des Moines Ct Ocean, NJ 07712	J	2005; Collection account				43,500.00
ACCOUNT NO. 32294049909 Debt Recovery Solutions, LLC PO Box 9001 Westbury, NY 11590	J	2012; Collection account				916.96
ACCOUNT NO. 4040253751 Diagnostic Pathology Consultants, PC PO Box 60100 North Charleston, SC 29419-0100	J	2012; Medical bills				66.78

Sheet no. 6 of 18 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **75,338.04**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4301941630620 Dsnb Macys 9111 Duke Blvd Mason, OH 45040	W	2012; Credit card purchases				521.00
ACCOUNT NO. Northland Group Inc. PO Box 390846 Minneapolis, MN 55439		Assignee or other notification for: Dsnb Macys				
ACCOUNT NO. United Recovery Systems PO Box 722929 Houston, TX 77272-2929		Assignee or other notification for: Dsnb Macys				
ACCOUNT NO. 7149035300000000 Dsrm Nt Bk Po Box 631 Amarillo, TX 79105	H	2012; Credit card purchases				566.00
ACCOUNT NO. Eleni & Kostantinos Ntelekos 144 Lucerne Blvd Cherry Hill, NJ 08003	J	2007; Collection account				30,000.00
ACCOUNT NO. 000000000000000000 Emrg Phy Assoc Of S Jersey PO Box 740021 Cincinnati, OH 45274-0021	H	2012; Medical bills				745.00
ACCOUNT NO. Ars Account Resolution 1801 Nw 66th Ave Fort Lauderdale, FL 33313		Assignee or other notification for: Emrg Phy Assoc Of S Jersey				

Sheet no. 7 of 18 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **31,832.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula Debtor(s) Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. d80241 Emrg Phy Assoc Of S Jersey PO Box 740021 Cincinnati, OH 45274-0021	H	2012; Medical bills				709.00
ACCOUNT NO. Ars Account Resolution 1801 Nw 66th Ave Fort Lauderdale, FL 33313		Assignee or other notification for: Emrg Phy Assoc Of S Jersey				
ACCOUNT NO. 136213184114609 Emrg Phy Assoc Of S Jersey PO Box 740021 Cincinnati, OH 45274-0021	J	2013; Medical bills				866.00
ACCOUNT NO. 041113621318 Emrg Phy Assoc Of S Jersey PO Box 635999 Cincinnati, OH 45263-5999	J	2012; Medical bills				1,096.00
ACCOUNT NO. HRRG PO Box 5406 Cincinnati, OH 45273		Assignee or other notification for: Emrg Phy Assoc Of S Jersey				
ACCOUNT NO. 041113621318 Emrg Phy Assoc Of S Jersey PO Box 635999 Cincinnati, OH 45263-5999	J	2011; Medical bills				745.00
ACCOUNT NO. ARS PO Box 6030806 Cincinnati, OH 45263		Assignee or other notification for: Emrg Phy Assoc Of S Jersey				

Sheet no. 8 of 18 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,416.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form of) (12/07) - Cont. IN RE Cocco, Thomas J. & Cocco, Chrisoula Debtor(s) Case No. (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. E17138551 Enterprise 400 Laurel Oak Rd Voorhees, NJ 08043	J	2012; Collection account				43.00
ACCOUNT NO. 5177-6074-6105-2407 First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104	H	2012; Credit card purchases				510.00
ACCOUNT NO. DC01131212 Fulton Bank 100 Park Ave Woodbury, NJ 08096	J	2012; Collection account				9,713.00
ACCOUNT NO. James D. Donnelly, Esquire 1236 Brace Rd, Ste C Cherry Hill, NJ 08003		Assignee or other notification for: Fulton Bank				
ACCOUNT NO. 724476 Fulton Bank 100 Park Ave Woodbury, NJ 08096	J	2012; Collection account				887.98
ACCOUNT NO. CAC Po Box 3268 Shiremanstown, PA 17011		Assignee or other notification for: Fulton Bank				
ACCOUNT NO. 17752215 HSBC Bankruptcy Department PO Box 5213 Carol Stream, IL 60197-5213	H	2012; Credit card purchases				494.00

Sheet no. **9** of **18** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **11,647.98**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Cavalry Portfolio Serv ATTENTION: BANKRUPTCY DEPARTMENT 500 Summit Lake Dr. Suite 400 Valhalla, NY 10595		Assignee or other notification for: HSBC Bankruptcy Department				
ACCOUNT NO. 6011-3810-1030-5397 HSBC Bankruptcy Department PO Box 5213 Carol Stream, IL 60197-5213	H	2012; Credit card purchases				2,218.00
ACCOUNT NO. Forster, Garbus & Garbus 7 Banta Place Hackensack, NJ 07601		Assignee or other notification for: HSBC Bankruptcy Department				
ACCOUNT NO. Lvnv Funding Llc Po Box 10497 Greenville, SC 29603		Assignee or other notification for: HSBC Bankruptcy Department				
ACCOUNT NO. 55793564001 I C System Inc ATTN: BANKRUPTCY 444 Highway 96 East; Po Box 64378 St. Paul, MN 55164	H	2012; Collection account for Advocare Greentree Pediatrics				235.00
ACCOUNT NO. Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	J	Tax lien federal				34,171.00
ACCOUNT NO. Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	J	Federal income tax				16,510.38

Sheet no. **10** of **18** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **53,134.38**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. John Perazelli 175 White Horse Road W Voorhees, NJ 08043	J	2012; Collection account				2,500.00
ACCOUNT NO. 96665 Justine Sullivan, CRNFA Surg Services Of S Jersey 13 Elm Dr Medford, NJ 08055	J	2008; Medical bills				800.00
ACCOUNT NO. Kaliopi Papadatos 130 White Cedar Dr Sicklerville, NJ 08081	J	2007; Collection account				53,000.00
ACCOUNT NO. Keller Williams Realty 1814 Marlton Pike Cherry Hill, NJ 08003	J	2012; Collection account				2,000.00
ACCOUNT NO. 81133473; 64320195 Kennedy Health System PO Box 48023 Newark, NJ 07101-4823	H	2012; Medical bills				100.00
ACCOUNT NO. Financial Recoveries Po Box 1388 Mount Laurel, NJ 08054		Assignee or other notification for: Kennedy Health System				
ACCOUNT NO. 68886647 Kennedy University Hospital PO Box 48023 Newark, NJ 07101-4823	J	2012; Medical bills				186.75

Sheet no. **11** of **18** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **58,586.75**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6393050491146916 Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	W	2012; Credit card purchases				1,437.00
ACCOUNT NO. Enhanced Recovery Company, LLC 8014 Bayberry Rd Jacksonville, FL 32256		Assignee or other notification for: Kohls/capone				
ACCOUNT NO. Mercantile Adjustment Bureau PO Box 9054 Williamsville, NY 14231		Assignee or other notification for: Kohls/capone				
ACCOUNT NO. 0013-35945 Lourdes Medical Associates PO Box 824626 Philadelphia, PA 19182-0001	J	2012; Medical bills				316.00
ACCOUNT NO. 7981924311525604 Lowe's Bankruptcy Department PO Box 103104 Roswell, GA 30076-9104	J	2012; Credit card purchases				unknown
ACCOUNT NO. Resurgent Correspondence PO Box 10497 Greenville, SC 29603		Assignee or other notification for: Lowe's Bankruptcy Department				
ACCOUNT NO. 5416-5779-4007-0505 Lvnv Funding Llc Po Box 10497 Greenville, SC 29603	H	2012; Collection account for Washington Mutual Bank Na Was				2,374.00

Sheet no. 12 of 18 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ 4,127.00

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. DC00248810; VJ00705810 Lvnv Funding Llc PO Box 740281 Houston, TX 77274-0281	J	2012; Collection account				1,700.00
ACCOUNT NO. 2010559P Martini & Martini, CPA 1135 E Chestnut Ave Vineland, NJ 08360	J	2012; Collection account				1,801.74
ACCOUNT NO. 10775135 Miramedrg 991 Oak Creek Dr Lombard, IL 60148	H	2012; Collection account for Teamhealth				713.00
ACCOUNT NO. DC01271213 MSW Capital, LLC Attn: Pressler & Pressler 7 Entin Rd Parsippany, NJ 07054	J	2012; Collection account				505.00
ACCOUNT NO. 74018744 NCO Financial Systems 20 Clementon Rd E Ste 102N Gibbsboro, NJ 08026-1165	J	2012; Collection account				2,633.04
ACCOUNT NO. 1817547159 New Jersey American Water PO Box 371331 Pittsburgh, PA 15250-7331	J	2012; Collection account				139.57
ACCOUNT NO. 8045441578 Pnc Bank Po Box 5570 Cleveland, OH 44101	J	2012; Collection account				691.41

Sheet no. **13** of **18** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **8,183.76**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7169818122 Quest Diagnostics PO Box 71304 Philadelphia, PA 19176-1304	J	2012; Medical bills				77.15
ACCOUNT NO. RAN68886647 Radiology Assc Of New Jersey PO Box 371863 Pittsburgh, PA 15250-7863	J	2012; Medical bills				35.00
ACCOUNT NO. L177608; J26329808 Resorts International Hotel, Inc. Attn: Gerstein Grayson & Cohen, LLP 1288 Route 73 S, Ste 301 Mt Laurel, NJ 08054	J	2012; Collection account				18,748.31
ACCOUNT NO. 381r009117024 Rjm Acq Llc 575 Underhill Blvd Suite 224 Syosset, NY 11791	W	2012; Collection account for Bank Of America Checking Account				460.00
ACCOUNT NO. 845693 Sa-vit Enterprises 46 W Ferris St East Brunswick, NJ 08816	H	2012; Collection account for Surgical Services Of S Jersey				800.00
ACCOUNT NO. Savit Collection 46 W Ferris St East Brunswick, NJ 08816	J	2012; Collection account for Surgical Assoc				800.00
ACCOUNT NO. 753337 Signature PO Box 7247-7787 Philadelphia, PA 19170	J	2012; Collection account				16.00

Sheet no. **14** of **18** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **20,936.46**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 08290GQQUMX Sleepys LLC 1000 S Oyster Bay Rd Hicksville, NY 11801	J	2012; Collection account				788.32
ACCOUNT NO. Transworld Systems, Inc. 621 Shrewsbury Ave Ste 250 Shrewsbury, NJ 07702-5050		Assignee or other notification for: Sleepys LLC				
ACCOUNT NO. 553842C South Jersey Heart Group, PC 539 Egg Harbor Rd Ste 1 Sewell, NJ 08080	J	2008; Medical bills				50.00
ACCOUNT NO. 391529 South Jersey Radiology Associates PO Box 23355 Newark, NJ 07189-0355	J	2012; Medical bills				50.00
ACCOUNT NO. 786r9635875 TD Bank 1701 Route 70 E Cherry Hill, NJ 08003-2390	H	2012; Collection account				92.00
ACCOUNT NO. Rjm Acq Llc 575 Underhill Blvd Ste 2 Syosset, NY 11791		Assignee or other notification for: TD Bank				
ACCOUNT NO. 6035320167663853 Thd/cbna CITICORP CREDIT SERVICES/ATTN:CENTRALI Po Box 20507 Kansas City, MO 64195	W	2012; Credit card purchases DC01421711				8,002.00

Sheet no. **15** of **18** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **8,982.32**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. LTD Financial Services 7322 Southwest Fwy Ste 1600 Houston, TX 77074-2053		Assignee or other notification for: Thd/cbna				
ACCOUNT NO. Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123		Assignee or other notification for: Thd/cbna				
ACCOUNT NO. Pressler And Pressler, LLP 7 Entin Rd Parsippany, NJ 07054-5020		Assignee or other notification for: Thd/cbna				
ACCOUNT NO. L-3544-07 Trump's Castle Attn: Slater, Tenaglia, Fritz & Hunt, PA 301 Third St Ocean City, NJ 08226	J	2007; Collection account				15,807.78
ACCOUNT NO. 71490353 United Recovery Systems PO Box 722929 Houston, TX 77272-2929	J	2012; Collection account for Valero Payment Services				566.90
ACCOUNT NO. Md027493 Verizon Wireless Bankruptcy Department PO Box 3397 Bloomington, IL 61702-3397	H	2012; Collection account				1,343.00
ACCOUNT NO. Pinnacle Credit Servic ATTN: BANKRUPTCY Po Box 640 Hopkins, MN 55343		Assignee or other notification for: Verizon Wireless Bankruptcy Department				

Sheet no. **16** of **18** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **17,717.68**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Cocco, Thomas J. & Cocco, Chrisoula Debtor(s) Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Stevens & Michaels Collections 7 Stiles Rd Salem, NH 03079		Assignee or other notification for: Verizon Wireless Bankruptcy Department				
ACCOUNT NO. Total Card, Inc. 5109 S Broadband Lane Sioux Falls, SD 57108		Assignee or other notification for: Verizon Wireless Bankruptcy Department				
ACCOUNT NO. 02204578032 Violations Processing Center PO Box 15186 Albany, NY 12212	J	2012; Collection account				63.00
ACCOUNT NO. 15718651 Virtua Health PO Box 7009 Bellmawr, NJ 08099-6007	J	2010; Medical bills				421.11
ACCOUNT NO. Apex Asset Management PO Box 5407 Lancaster, PA 17606		Assignee or other notification for: Virtua Health				
ACCOUNT NO. 28554250 Virtua Health PO Box 7009 Bellmawr, NJ 08099-6007	J	2011; Medical bills				333.60
ACCOUNT NO. Apex Asset Management PO Box 5407 Lancaster, PA 17606		Assignee or other notification for: Virtua Health				

Sheet no. 17 of 18 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **817.71**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2045020571 Virtua Health PO Box 7009 Bellmawr, NJ 08099-6007	J	2010; Medical bills				3,509.20
ACCOUNT NO. William & Susan Donnelly 36 Canyon Dr Berlin, NJ 08009	J	2008; Collection account				20,000.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Case No. _____

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p>Nissan-infiniti Lt ATTN: BANKRUPTCY 8900 Freeport Parkway Irving, TX 75063</p> <p>Eleni Ntelekos 144 Lucerne Blvd Cherry Hill, NJ 08003</p>	<p>Automobile lease; 2011 Nissan Pathfinder</p> <p>Residential lease</p>

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 **Thomas J. Cocco**
First Name Middle Name Last Name

Debtor 2 **Chrisoula Cocco**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey, Camden Vicinage Division

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

☒ Employed
☐ Not employed

Occupation

Sales - 1099 Employee

Marketing Rep

Employer's name

RCH Cable

My Orthodontist

Employer's address

301 Commerce Dr
Number Street

1940 Rt 70 W
Number Street

Moorestown, NJ

City State ZIP Code

Cherry Hill, NJ

City State ZIP Code

How long employed there?

1 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>2,179.00</u>	\$ <u>3,799.91</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>2,179.00</u>	\$ <u>3,799.91</u>

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 2,179.00	\$ 3,799.91	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 553.60	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ 553.60	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,179.00	\$ 3,246.31	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,179.00 +	\$ 3,246.31 = \$ 5,425.31	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies			12. \$ 5,425.31 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: None			

Fill in this information to identify your case:

Debtor 1 **Thomas J. Cocco**
 First Name Middle Name Last Name

Debtor 2 **Chrisoula Cocco**
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey, Camden Vicinage Division

Case number _____
 (if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

9

- ☐ No
- ☒ Yes

Son

6

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I).

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,350.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.004b. \$ 0.004c. \$ 0.004d. \$ 0.00

Debtor 1

Thomas J. Cocco

First Name

Middle Name

Last Name

Document

Page 51 of 74

Case number (if known)

Your expenses5. **Additional mortgage payments for your residence**, such as home equity loans5. \$ 0.006. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ 300.00

6b. Water, sewer, garbage collection

6b. \$ 0.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 0.006d. Other. Specify: See Schedule Attached6d. \$ 275.007. **Food and housekeeping supplies**7. \$ 900.008. **Childcare and children's education costs**8. \$ 800.009. **Clothing, laundry, and dry cleaning**9. \$ 250.0010. **Personal care products and services**10. \$ 100.0011. **Medical and dental expenses**11. \$ 100.0012. **Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 500.0013. **Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$ 100.0014. **Charitable contributions and religious donations**14. \$ 0.0015. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 90.00

15b. Health insurance

15b. \$ 0.00

15c. Vehicle insurance

15c. \$ 0.00

15d. Other insurance. Specify: _____

15d. \$ 0.0016. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0.0017. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ 385.00

17b. Car payments for Vehicle 2

17b. \$ 0.00

17c. Other. Specify: _____

17c. \$ 0.00

17d. Other. Specify: _____

17d. \$ 0.0018. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 6I).**18. \$ 0.0019. **Other payments you make to support others who do not live with you.**

Specify: _____

19. \$ 0.0020. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**

20a. Mortgages on other property

20a. \$ 0.00

20b. Real estate taxes

20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance

20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0.00

20e. Homeowner's association or condominium dues

20e. \$ 0.00

Debtor 1

Thomas J. Cocco

First Name

Middle Name

Last Name

Document

Page 52 of 74

Case number (if known)

21. **Other.** Specify: See Schedule Attached21. **+\$** 350.0022. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$** 5,500.0023. **Calculate your monthly net income.**23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.23a. **\$** 5,425.31

23b. Copy your monthly expenses from line 22 above.

23b. **− \$** 5,500.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. **\$** -74.6924. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.**None**

IN RE Cocco, Thomas J. & Cocco, Chrisoula

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

Other Utilities (DEBTOR)

Cell Phone**150.00****Cable****125.00**

Other Expenses (DEBTOR)

Auto Maintenance**100.00****Autism Expenses (2 Children)****250.00**

IN RE Cocco, Thomas J. & Cocco, Chrisoula Case No. _____
Debtor(s) (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 33 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: March 14, 2014 Signature: /s/ Thomas J. Cocco
Thomas J. Cocco Debtor

Date: March 14, 2014 Signature: /s/ Chrisoula Cocco
Chrisoula Cocco (Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. (Required by 11 U.S.C. § 110.) _____
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer _____ Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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United States Bankruptcy Court
District of New Jersey, Camden Vicinage Division

IN RE:

Case No. _____

Cocco, Thomas J. & Cocco, ChrisoulaChapter **7**

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

47,670.00 Employment income - 2013 (estimate)**57,204.00 Employment income - 2012 (estimate)****14,950.00 Employment income - YTD 2014****2. Income other than from employment or operation of business**

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors**Complete a. or b., as appropriate, and c.**

- None ☒ **a. Individual or joint debtor(s) with primarily consumer debts:** List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
MSW Capital vs. Thomas Cocco DC01271213	Civil Action	Superior Court of New Jersey	Judgment
Fulton Bank vs. Thomas Cocco DC01131212	Civil Action	Superior Court of New Jersey	Judgment
Arrow Financial Services vs. Thomas Cocco DC00933410	Civil Action	Superior Court of New Jersey	Judgment
LVNV Funding vs. Thomas Cocco DC00248810 VJ00705810	Civil Action	Superior Court of New Jersey	Judgment
Midland Funding vs. Thomas Cocco DC01421711	Civil Action	Superior Court of New Jersey	Judgment
Chase Bank vs. Thomas Cocco DC01680608; VJ01679008	Civil Action	Superior Court of New Jersey	Judgment
Trump's Castle vs. Thomas Cocco L-3544-07	Civil Action	Superior Court of New Jersey	Pending
Resorts International vs. Thomas Cocco L177608; J26329808	Civil Action	Superior Court of New Jersey	Judgment

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Chase Auto Finance PO Box 78050 Phoenix, AZ 85062	August 2013	2009 Chevy Malibu

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Lee M. Perlman, Esq. 1926 Greentree Road Ste 100 Cherry Hill, NJ 08003		1,500.00
Start Fresh Today 25 E Washington St Ste 510 Chicago, IL 60602-1732		30.00

10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Eleni Ntelekos 144 Lucerne Blvd Cherry Hill, NJ 08003	2013	Pay check deposits to account under sister's name, money used by debtor to pay her own rent & expenses. Statements available.

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
145 William Feather Dr Voorhees, NJ	Same	9/10 - 8/12
70A Peregrine Dr Voorhees, NJ	Same	10/6/13 - current

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **March 14, 2014** Signature /s/ Thomas J. Cocco
of Debtor **Thomas J. Cocco**

Date: **March 14, 2014** Signature /s/ Chrisoula Cocco
of Joint Debtor **Chrisoula Cocco**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

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United States Bankruptcy Court
District of New Jersey, Camden Vicinage Division

IN RE:

Cocco, Thomas J. & Cocco, Chrisoula

Debtor(s)

Case No. _____

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name:	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	
Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Nissan-infiniti Lt	Describe Leased Property: Automobile lease;	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name: Eleni Ntelekos	Describe Leased Property: Residential lease	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

____ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: **March 14, 2014**

/s/ Thomas J. Cocco

Signature of Debtor

/s/ Chrisoula Cocco

Signature of Joint Debtor

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United States Bankruptcy Court
District of New Jersey, Camden Vicinage Division

IN RE:

Case No. _____

Cocco, Thomas J. & Cocco, Chrisoula

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: March 14, 2014

Signature: /s/ Thomas J. Cocco
Thomas J. Cocco

Debtor

Date: March 14, 2014

Signature: /s/ Chrisoula Cocco
Chrisoula Cocco

Joint Debtor, if any

AAM, Inc.
330 Georgetown Square, Ste 104
Wood Dale, IL 60191

AllianceOne Receivables Management, Inc.
PO Box 3102
Southeastern, PA 19398-3102

Allstate New Jersey Insurance Company
PO Box 4310
Carol Stream, IL 60197-4310

Ally Asset Recovery Center
PO Box 78369
Phoenix, AZ 85062

AMCOL Systems Inc.
PO Box 21625
Columbia, SC 29221

American Express
PO BOX 3001
PO Box 981535
El Paso, TX 79998-1535

Apex Asset Management
PO Box 5407
Lancaster, PA 17606

Arrow Financial Services
5996 W Touhy Ave
Niles, IL 60714-4610

ARS
PO Box 6030806
Cincinnati, OH 45263

Ars Account Resolution
1801 Nw 66th Ave
Fort Lauderdale, FL 33313

ARS National Services, Inc.
PO Box 463023
Escondido, CA 92046

AT&T Mobility
PO Box 537113
Atlanta, GA 30353-7113

Atlantic City Electric
PO Box 4875
Trenton, NJ 08650-4875

AWA Collections
PO Box 6605
Orange, CA 92863

Bank Of America
Nc 4 105 03 # 14
Greensboro, NC 27420

Boardwalk Regency Corp
Attn: Phillip S. Van Embden, PC
PO Box 863
Millville, NJ 08332

Budzik & Dynia, LLC
4849 N Milwaukee Ave, Ste 801
Chicago, IL 60630

CAC
Po Box 3268
Shiremanstown, PA 17011

Cap One
Po Box 5253
Carol Stream, IL 60197

Cap One
ATTN: BANKRUPTCY DEPT.
Po Box 30285
Salt Lake City, UT 84130

Cash Jar
PO Box 1639
Belize City, Belize, C.A,

Cavalry Portfolio Serv
ATTENTION: BANKRUPTCY DEPARTMENT
500 Summit Lake Dr. Suite 400
Valhalla, NY 10595

Chase
PO Box 15298
Wilmington, DE 19850-5298

Chase Auto Finance
PO Box 78050
Phoenix, AZ 85062

Chase Manhattan Mortgage
3415 Vision Dr
Columbus, OH 43219-6009

Children's Hospital Of Philadelphia
Physician Services
PO Box 8500-8017
Philadelphia, PA 19178

Chrysler Financial
PO Box 9223
Farmington Hills, MI 48333-9223

Citibank
Attn: Corporate Bankruptcy Department
7920 NW 110th St
Kansas City, MO 64153-1270

Citibank USA (Home Depot)
Attn: Bankruptcy Dept
PO Box 20487
Kansas City, MO 64195-0487

Citizens Bank
1 Citizens Plz
Providence, RI 02903-1344

Comcast Bankruptcy Department
Attn: Jackie Gaynor
401 White Horse Rd Ste 2
Voorhees, NJ 08043-2604

Coml Accept
2 W Main St
Shiremanstown, PA 17011

Convergent Outsourcing
PO Box 9004
Renton, WA 98057-9004

Credit Collection Services
2 Wells Ave Dept 9135
Newton Center, MA 02459-3208

Credit One Bank
PO Box 98875
Las Vegas, NV 89193-8875

Daniel And Carol Dwier
26 Timberline Dr
Voorhees, NJ 08043

Danny Papadatos
52 Des Moines Ct
Ocean, NJ 07712

Debt Recovery Solutions, LLC
PO Box 9001
Westbury, NY 11590

Del Ray Capital
8070 Beechmont Ave
Cincinnati, OH 45255

Diagnostic Pathology Consultants, PC
PO Box 60100
North Charleston, SC 29419-0100

Dsnb Macys
9111 Duke Blvd
Mason, OH 45040

Dsrm Nt Bk
Po Box 631
Amarillo, TX 79105

Eleni & Kostantinos Ntelekos
144 Lucerne Blvd
Cherry Hill, NJ 08003

Eleni Ntelekos
144 Lucerne Blvd
Cherry Hill, NJ 08003

Emrg Phy Assoc Of S Jersey
PO Box 740021
Cincinnati, OH 45274-0021

Emrg Phy Assoc Of S Jersey
PO Box 635999
Cincinnati, OH 45263-5999

Enhanced Recovery Company, LLC
8014 Bayberry Rd
Jacksonville, FL 32256

Enterprise
400 Laurel Oak Rd
Voorhees, NJ 08043

Er Solutions
800 SW 39th St
Renton, WA 98057-4975

Financial Recoveries
Po Box 1388
Mount Laurel, NJ 08054

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104

Forster, Garbus & Garbus
7 Banta Place
Hackensack, NJ 07601

Fulton Bank
100 Park Ave
Woodbury, NJ 08096

HRRG
PO Box 5406
Cincinnati, OH 45273

HSBC Bankruptcy Department
PO Box 5213
Carol Stream, IL 60197-5213

I C System Inc
ATTN: BANKRUPTCY
444 Highway 96 East; Po Box 64378
St. Paul, MN 55164

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

James D. Donnelly, Esquire
1236 Brace Rd, Ste C
Cherry Hill, NJ 08003

John Perazelli
175 White Horse Road W
Voorhees, NJ 08043

JPMorgan Chase Bank NA
900 US Hwy 9 North
Woodbridge, NJ 07095

Justine Sullivan, CRNFA
Surg Services Of S Jersey
13 Elm Dr
Medford, NJ 08055

Kaliopi Papadatos
130 White Cedar Dr
Sicklerville, NJ 08081

Keller Williams Realty
1814 Marlton Pike
Cherry Hill, NJ 08003

Kennedy Health System
PO Box 48023
Newark, NJ 07101-4823

Kennedy University Hospital
PO Box 48023
Newark, NJ 07101-4823

Kohls/capone
N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051

Lourdes Medical Associates
PO Box 824626
Philadelphia, PA 19182-0001

Lowe's Bankruptcy Department
PO Box 103104
Roswell, GA 30076-9104

LTD Financial Services
7322 Southwest Fwy Ste 1600
Houston, TX 77074-2053

Lvnv Funding Llc
Po Box 10497
Greenville, SC 29603

Lvnv Funding Llc
PO Box 740281
Houston, TX 77274-0281

Martini & Martini, CPA
1135 E Chestnut Ave
Vineland, NJ 08360

Mercantile Adjustment Bureau
PO Box 9054
Williamsville, NY 14231

Midland Funding
8875 Aero Dr Ste 200
San Diego, CA 92123

Miramedrg
991 Oak Creek Dr
Lombard, IL 60148

MSW Capital, LLC
Attn: Pressler & Pressler
7 Entin Rd
Parsippany, NJ 07054

MSW Capital, LLC
Attn: Messerli & Kramer
3033 Campus Dr, Ste 250
Plymouth, MN 55441

NCO Financial Systems
20 Clementon Rd E Ste 102N
Gibbsboro, NJ 08026-1165

New Jersey American Water
PO Box 371331
Pittsburgh, PA 15250-7331

Nissan-infiniti Lt
ATTN: BANKRUPTCY
8900 Freeport Parkway
Irving, TX 75063

Northland Group Inc.
PO Box 390846
Minneapolis, MN 55439

Pinnacle Credit Servic
ATTN: BANKRUPTCY
Po Box 640
Hopkins, MN 55343

Pnc Bank
Po Box 5570
Cleveland, OH 44101

Pressler And Pressler, LLP
7 Entin Rd
Parsippany, NJ 07054-5020

Quest Diagnostics
PO Box 71304
Philadelphia, PA 19176-1304

Radiology Assc Of New Jersey
PO Box 371863
Pittsburgh, PA 15250-7863

Resorts International Hotel, Inc.
Attn: Gerstein Grayson & Cohen, LLP
1288 Route 73 S, Ste 301
Mt Laurel, NJ 08054

Resurgent Correspondence
PO Box 10497
Greenville, SC 29603

Rjm Acq Llc
575 Underhill Blvd Suite 224
Syosset, NY 11791

Rjm Acq Llc
575 Underhill Blvd Ste 2
Syosset, NY 11791

Sa-vit Enterprises
46 W Ferris St
East Brunswick, NJ 08816

Savit Collection
46 W Ferris St
East Brunswick, NJ 08816

Signature
PO Box 7247-7787
Philadelphia, PA 19170

Sleepys LLC
1000 S Oyster Bay Rd
Hicksville, NY 11801

South Jersey Heart Group, PC
539 Egg Harbor Rd Ste 1
Sewell, NJ 08080

South Jersey Radiology Associates
PO Box 23355
Newark, NJ 07189-0355

Stevens & Michaels Collections
7 Stiles Rd
Salem, NH 03079

Tate & Kirlin Associates
2810 Southampton Rd
Philadelphia, PA 19154

TD Bank
1701 Route 70 E
Cherry Hill, NJ 08003-2390

Thd/cbna
CITICORP CREDIT SERVICES/ATTN:CENTRAL I
Po Box 20507
Kansas City, MO 64195

Total Card, Inc.
5109 S Broadband Lane
Sioux Falls, SD 57108

Transworld Systems, Inc.
621 Shrewsbury Ave Ste 250
Shrewsbury, NJ 07702-5050

Trump's Castle
Attn: Slater, Tenaglia, Fritz & Hunt, PA
301 Third St
Ocean City, NJ 08226

United Recovery Systems
PO Box 722929
Houston, TX 77272-2929

Verizon Wireless Bankruptcy Department
PO Box 3397
Bloomington, IL 61702-3397

Violations Processing Center
PO Box 15186
Albany, NY 12212

Virtua Health
PO Box 7009
Bellmawr, NJ 08099-6007

Vital Recovery Services, Inc.
PO Box 923748
Norcross, GA 30010

William & Susan Donnelly
36 Canyon Dr
Berlin, NJ 08009